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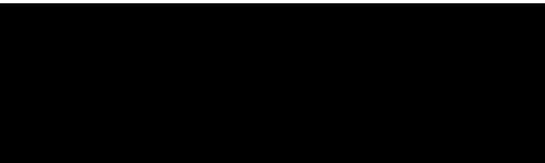
16 February 1966

MEMORANDUM FOR: Executive Officer, Office of Medical Services

SUBJECT : Draft #3 -- OMS Regulations #20-5, Medical Career Program

1. While the subject draft is certainly adequate from which the Career Board can work, I feel that there is one particular area where improvement or elaboration is indicated. I speak of Section 8, Page 7 entitled "Career Planning." If we accept the Policy statement on Page 1, I believe the title of Section 8 should read "Career Planning and Development." Further, I feel strongly that we should not leave this extremely important phase of a career program with (1) the individual and (2) the supervisor. While I agree that the impetus should perhaps start there, I believe the Board has to consider the overall question of career planning and development within the Office of Medical Services rather than that which might develop in one office in the Office of Medical Services. If the career program is to provide appropriate means of career development as stated in Policy on Page 1, I believe it is the duty of the Board to provide the supervisor and the employee with guidance through which this development may take place. We have for many years offered internal and external training to selected employees. This certainly reflects an opportunity for career development. I believe that training is an integral part of any career planning and development program. Finally, I feel the Board should determine what and where the opportunities for career planning and development are and incorporate them into the regulation.

2. I have previously prepared a Headquarters Reassignment Questionnaire and submitted it to the Director of Medical Services recommending that this or a similar form be utilized for Headquarters personnel. I believe a form of this type would be a better vehicle for the employee or supervisor to use in conveying his feelings on career planning and development than the Fitness Report.



Personnel Officer ✓  
Office of Medical Services

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# HEADQUARTERS REASSIGNMENT QUESTIONNAIRE

## Office of Medical Services

NAME

DATE

1. Date of birth

2. Grade

3. Current position Title

4. Current Component

5. Date assigned to Hdqs.

6. Date assigned current position

7. Other duty assignments, including TDY, performed during current tour at HDQTRS.  
(include dates)

8. Briefly describe type of work you prefer for next assignment if it differs from that which you are currently performing. (if more than one preference, indicate choices)

9. Indicate the training you believe you should have in order to increase your value to the organization

10. Indicate your preference for next assignment by checking appropriate boxes.

☐ Continue in present assignment

☐ Be assigned other duties within same component. (specify duties)

☐ Be assigned to an overseas ☐ station

1st

2nd

3rd

STATINTL

☐ Transfer to another component. (specify)

☐ Transfer to another Agency Component (specify)

11. List age and relationship of dependents who would travel, or move, with you.

continued on reverse side

12 State other factors which should be considered in determining assignability.  
(ie, medical, legal, personal)

13. Previous overseas [REDACTED] tours with agency

STATINTL

DATE		STATION
From	To	
		Employees signature.

SUPERVISOR

COMMENTS ( include recommendations)

Date

Supervisors signature.

DIVISION OR STAFF CHIEF

COMMENTS (include recommendations)

Date

Signature of Division or Staff Chief

Career Service Board Action.

Date

Signature of Executive Secretary